#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Eileen C. Shapiro, Steven J. Mintz

Application No.: 10/786,355 Group No.: 2435

Filed: 02/25/2004 Examiner: Debnath, Suman
For: System and Method for Providing Access to Verified Personal Background Data

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

#### AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application.

### STATUS

2. Applicant is a small entity. A statement was already filed.

# EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
 Applicant believes that no extension of term is required. However, this conditional petition is
 being made to provide for the possibility that applicant has inadvertently overlooked the need for
 a petition for extension of time.

### FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|   | (Col. 1)  | (Co      | ol. 2)  | (Col. 3) |      |      | SMALL ENTITY |           |   |        |      |
|---|-----------|----------|---------|----------|------|------|--------------|-----------|---|--------|------|
|   | CLAIMS    |          |         |          |      |      |              |           |   |        |      |
|   | REMAINING | HIGHE    | EST NO. |          |      |      |              |           |   |        |      |
|   | AFTER     | PREV     | OUSLY   | PRE      | SENT |      |              |           |   | ADDIT. |      |
|   | AMENDMENT | PAID FOR |         | EXTRA    |      | RATE |              |           |   | FEE    |      |
| TOTAL   | 16        | -        | 56      | =        | 0    | х    | \$           | 26.00     | = | \$     | 0.00 |
| INDEP.  | 2         | _        | 9       | =        | 0    | x    | \$           | 110.00    | = | \$     | 0.00 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00 |           |          |         |          |      |      |              |           | = | \$     | 0.00 |
|   |           |          |         |          |      |      |              | TOTAL     |   |        |      |
|   |           |          |         |          |      |      | AI           | DDIT, FEE |   | S      | 0.00 |

No additional fee for claims is required.

# FEE DEFICIENCY

5. If an extension and/or fee is required, charge Account No. 19-4972.

If a fee for claims is required, charge Account No. 19-4972.

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